

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

APPLICATION FOR LICENSURE

**CERTIFIED PROFESSIONAL COUNSELOR INTERN,
CERTIFIED PROFESSIONAL COUNSELOR
EXTERNSHIP, or PROFESSIONAL COUNSELOR**

DOPL-AP-067 REV 11/19/2003

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

Address Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann, which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

If you are applying for licensure as a Certified Professional Counselor Intern, complete the following in addition to submitting a completed application:

1. Submit official transcript(s) documenting your graduate degree in a mental health counseling program that meets the requirements of statute and rules, as well as any other official transcripts that are necessary to document completion of specific course work. (See "Additional Important Information" below for specific degree requirements.)

Request that the school(s) submit this documentation to you to be included with your application.

Attach a course description and other pertinent information for any course that is not

adequately described by the title shown on the transcript. You can expedite the review process by providing a copy of the graduate catalog course description and/or syllabus of any identified courses.

NOTE: If you do not meet the educational requirements listed above, you may be eligible for an externship license. See “Additional Important Information” below for details.

2. Submit an **\$85.00** non-refundable application-processing fee for an intern license, made payable to “DOPL.”

If you are applying for licensure as a Professional Counselor, complete the following in addition to submitting a completed application:

1. Submit official transcript(s) documenting your graduate degree in a mental health counseling program that meets the requirements of statute and rules, as well as the completion of specific course work. (See “Additional Important Information” below for specific degree requirements.)

Request that the school(s) submit this documentation to you to be included with your application.

Attach a course description and other pertinent information for any course that is not adequately described by the title shown on the transcript. You can expedite the review process by providing a copy of the graduate catalog course description and/or syllabus of any identified courses.

NOTE: If you submitted your transcript(s) and/or other course descriptions as part of your application for Utah licensure as a Certified Professional Counselor Intern, you do not need to resubmit them with your application for Utah licensure as a Licensed Professional Counselor.

NOTE: If you do not meet the educational requirements listed above, you may be eligible for an externship license. See “Additional Important Information” below for details.

2. Submit a completed “Verification of Supervised Experience” form (attached to this application) from each of your supervisors to document a total of 4,000 hours of supervised experience — 1,000 hours of which are in mental health therapy.

Request that each supervisor submit a form to you for submission with the remainder of your application.

3. Submit the original letter from Exporior documenting your passing score on the Utah Professional Counselor Law, Rules, and Ethics Examination.

4. Submit documentation of your passing score on the National Counseling Examination.
5. Submit documentation of your passing score on the National Clinical Mental Health Counseling Examination.
6. Submit a **\$120.00** non-refundable application-processing fee for an LPC license, made payable to “DOPL.”

If you are applying for licensure as a Licensed Professional Counselor by endorsement, complete the following in addition to submitting a completed application:

1. Using the “Request For Verification of License” form (attached to this application), submit verification of licensure from a state in which you are currently licensed as a professional counselor.

Request that the verifying state complete the form and mail or fax them directly to the Division or return them to you for submission with your application.
2. Submit the original letter from Experior documenting your passing score on the Utah Professional Counselor Law, Rules, and Ethics Examination.
3. Submit documentation showing that you have been actively engaged in the lawful practice of professional counseling including mental health therapy for not less than 4,000 hours during the three years immediately preceding the application for licensure in Utah.
4. Submit a **\$120.00** non-refundable application-processing fee for an LPC license, made payable to “DOPL.”

ADDITIONAL IMPORTANT INFORMATION:

1. **Law and Rules Exam:** Applicants for licensure as a professional counselor must pass the Utah Professional Counselor Law, Rules, and Ethics Examination. Contact Experior at the address and telephone below to register for the law examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009

You may also purchase a study guide from Experior, which has been prepared to assist candidates taking law exams.

In addition, the following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ❑ Division of Occupational & Professional Licensing Act
 - ❑ General Rules of the Division of Occupational & Professional Licensing
 - ❑ Mental Health Professional Practice Act
 - ❑ Mental Health Professional Practice Act Rules
 - ❑ Professional Counselor Licensing Act Rules
2. **Other Examinations:** To obtain information regarding the National Counseling Examination, the National Clinical Mental Health Counseling Examination, or the Utah Professional Counselor Law, Rules, and Ethics Examination, you may contact Experior at the address and telephone number above.
3. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
4. **Code of Ethics:** Professional Counselor licensees are required to abide by the Code of Ethics of the American Counseling Association: www.counseling.org.
5. **Knowledge of Other Statutes:** In addition to the licensing statute and rules listed above, mental health professionals may be subject to a number of other Utah statutes—including, but not limited to—those listed below. These statutes may affect your practice and you are obligated to understand and follow them. The following statutes may be reviewed on the Utah Legislature web site at www.leg.state.ut.us:
- A. Utah Health Code, Title 26, particularly:
- Section 26-6-6. Duty to report individual suspected of having communicable disease.
 - Chapter 25 -- Confidential Information Release
- B. The Utah Human Services Code, Title 62A, particularly:
- Section 62A-3-305. Reporting requirements -- Investigation -- Immunity -- Violation -- Penalty -- Physician-patient privilege -- Nonmedical healing.
 - Section 62A-4a-403 - Reporting requirements regarding incest, molestation, sexual exploitation, sexual abuse, physical abuse, or neglect of a child.
 - Section 62A-15-702. Treatment and commitment of minors in the public mental health system

C. The Utah Judicial Code, Title 78, particularly:

- Chapter 03c -- Confidential Communications for Sexual Assault Act
- Chapter 3e -Reporting School-Related Controlled Substance Abuse
- Chapter 14 - Utah Health Care Malpractice Act
- Chapter 14a - Limitation of Therapist's Duty to Warn
- Section 78-25-25 –Patients’ records -- Inspection and copying by attorneys.

D. Utah Rules of Evidence Rule 506 - Physician and mental health therapist-patient, which can be viewed on the Utah Courts web site at www.utcourts.gov.

6. **Current Documents:** Applications, statutes and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
7. **Degree Requirements:** In order to meet the degree requirements for licensure, you must have a master’s or doctorate degree in Mental Health Counseling with the classification of a Marriage, Couple and Family Counseling/Therapy degree or Mental Health Counseling degree received from an institution accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) at the time the applicant obtained the education, which includes a minimum of 60 semester (90 quarter) hours of graduate studies and includes the core course work required.

The following degrees do not meet the degree requirement: Career Counseling, College Counseling, Community Counseling, Gerontological Counseling, School Counseling, Student Affairs, Rehabilitation Counseling, Music Therapy, Art Therapy or Dance Therapy. Applicants who have one of these degree or comparable degrees and who subsequently return to college and complete the classes which would have been included in the Marriage, Couple and Family Counseling/Therapy degree or the Mental Health Counseling degree as outlined above and in the “Educational Requirements” section of this application may request to have their education considered to be equivalent.

8. **Externship:** A person who applies for licensure who has the mental health counseling degree required but who is found to be deficient in specific courses as required in Utah Administrative Code Section R156-60c-302a will be issued an externship license. An externship license expires upon issuance of the license applied for or one year from the date of issuance, whichever comes first. **This license is not renewable.** If a person does not complete the education requirement and obtain normal licensure within the one-year time period, they will be required to discontinue practice until they have completed the education and have been granted a license.
9. **90-Day Student Exemption:** A student, working towards a master degree in mental

health therapy, who has been working in an internship program, for college credit, under the supervision of a mental health therapist and qualified faculty, may request a 90-day extension of the student exemption after faculty supervision ends. This allows a maximum of 90 days after graduation while the student is waiting to obtain official transcripts (showing the degree awarded), and which must be submitted with an application for licensure.

This extension is limited to a student continuing to work for the same agency and under the same supervision in which the internship was completed and allows a maximum of 90 days after graduation to obtain an LPC intern license.

This extension is not renewable or transferable. After the 90-day extension expires, it is unlawful conduct for the student to engage in activity requiring a license unless a license has been granted.

The form to request this 90-day student extension is available on the Internet at www.dopl.utah.gov. (Look under “Additional Information” on the LPC page.) You may also contact the Division for this form.

10. **“Practice of mental health therapy”** means treatment or prevention of mental illness, including:
 - ❑ conducting a professional evaluation of an individual’s condition of mental health, mental illness, or emotional disorder;
 - ❑ establishing a diagnosis in accordance with established written standards generally recognized in the professions of mental health therapy;
 - ❑ prescribing a plan for the prevention or treatment of a condition of mental illness or emotional disorder; and
 - ❑ engaging in the conduct of professional intervention, including psychotherapy by the application of established methods and procedures generally recognized in the professions of mental health therapy.
11. **Requirements For A Mental Health Therapy Supervisor:** In order for an individual to be qualified as a Certified Professional Counselor Intern supervisor, the individual shall be currently licensed and in good standing as either a licensed professional counselor, psychiatrist, psychologist, licensed clinical social worker, registered psychiatric mental health nurse specialist or marriage and family therapist. He/she shall have engaged in the lawful practice as a licensee engaged in the practice of mental health therapy for a period of two years prior to beginning supervision activities. A mental health therapy supervisor can supervise not more than three supervisees at any given time unless approved by the board and division.

12. **Supervised Professional Counselor and Mental Health Therapy Experience:** Upon completion of the required education, 4,000 hours of supervised professional counselor and mental health therapy experience is required for licensure. The 4,000 hours of supervised professional counselor experience includes a minimum of 1,000 hours of supervised experience in mental health therapy. You must also document 100 hours of face-to-face supervision. Additionally, this experience must be obtained while holding the Certified Professional Counselor Intern license. The “Verification of Supervised Experience” form must be submitted upon completion of the required supervised experience.
13. **Change in Statute – requirement to be licensed while obtaining qualifying experience:** Prior to May 1, 2001, a person could (based upon an exemption) obtain qualifying experience without holding a license but only after they completed their education requirement and meeting certain other requirements. Beginning May 1, 2001, qualifying experience for the Professional Counselor license can only be obtained while a person holds a valid Certified Professional Counselor Intern license.
14. **Endorsement:** To qualify for licensure by endorsement (licensure in another state), an applicant must document that he/she is currently licensed in good standing in another state and has been actively engaged in the lawful practice of professional counseling including mental health therapy for not less than 4,000 hours during the three years immediately preceding the application for licensure in Utah. The applicant for licensure by endorsement must also document a passing score of the Utah Professional Counselor Law, Rules, and Ethics Examination.
15. **Continuing Education:** Forty (40) hours of continuing education is required for each two-year period. This requirement is pro rated for new licensees.
16. **License Renewal – Certified Professional Counselor Intern:** A Certified Professional Counselor Intern license is issued for a period of three years. It is generally expected that you will complete the 4,000 hours of supervised experience during that time period and become licensed as a Professional Counselor. This license will not be renewable unless the individual presents satisfactory evidence to the division and board that reasonable progress is being made toward passing the qualifying examinations or is otherwise on a course reasonably expected to lead to licensure, but the period of the extension may not exceed two years past the date the minimum supervised experience requirement has been completed.

17. **License Renewal – Licensed Professional Counselor:** All Licensed Professional Counselor licenses expire on September 30th of every even-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.

18. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
19. **Name Change:** If you have been licensed by the Division under any other name, please submit documentation of your name change such as a copy of your marriage license or divorce decree.
20. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

21. **Telephone Numbers:** (801) 530-6628

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675
22. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

GENERAL INFORMATION

License Applying For: _____ Certified Professional Counselor Intern
_____ Licensed Professional Counselor

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____ License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

LICENSES:

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held as a professional counselor. (Use additional sheets if necessary.)

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

EDUCATION REQUIREMENT: (Attach additional sheets if necessary.)

School Name: _____

Location: _____

Dates Attended: _____ To _____ Date of Graduation: _____

Degree Received: _____

School Name: _____

Location: _____

Dates Attended: _____ To _____ Date of Graduation: _____

Degree Received: _____

EXAMINATION REQUIREMENT:

Answer “Yes” or “No.”

_____ Utah Professional Counselor Law, Rules, and Ethics Exam – Date(s) Taken: _____

_____ National Counseling Exam – Date(s) Taken: _____

_____ National Mental Health Counseling Exam – Date(s) Taken: _____

EDUCATIONAL COURSE REQUIREMENTS: (To be completed by ALL applicants.)

List **ALL** of your graduate course work in each of the areas. List each course title **as it appears on your transcript**. Use each course only once.

Ethical Standards and Issues (minimum 2 semester or 3 quarter hours)

Total Hours: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Professional Roles and Standards (minimum 2 semester or 3 quarter hours)

Total Hours: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Individual Counseling Theory (minimum 2 semester or 3 quarter hours)

Total Hours: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

(This section continued on following page.)

Group Counseling Theory (minimum 2 semester or 3 quarter hours)**Total Hours:** _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Human Growth and Development (minimum 6 semester or 9 quarter hours)**Total Hours:** _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Cultural Foundations (minimum 3 semester or 4 1/2 quarter hours)**Total Hours:** _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

(This section continued on following page.)

Therapeutic Methods and Interventions (minimum 6 semester or 9 quarter hours)

Total Hours: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Psychopathology and DSM Classification (minimum 2 semester or 3 quarter hours)

Total Hours: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Dysfunctional Behavior (minimum 2 semester or 3 quarter hours)

Total Hours: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

(This section continued on following page.)

Test and Measurements Theory (minimum 2 semester or 3 quarter hours)

Total Hours: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Advanced Assessment of Mental Status (minimum 2 semester or 3 quarter hours)

Total Hours: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Research and Evaluation (minimum 3 semester or 4 1/2 quarter hours - do not use project, thesis, or dissertation hours) Total Hours: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

(This section continued on following page.)

Practicum (minimum 3 semester or 4 1/2 quarter hours) Total Hours: _____

Please describe the setting in which the practicum occurred including:

Placement site: _____

Site supervisor: _____

Site supervisor's license type and license number: _____

Dates of practicum: _____

Number of clock hours: _____

Services provided: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Internship (minimum 6 semester hours or 9 quarter hours which includes at least 900 clock hours of supervised experience of which 360 must be in the provision of mental health therapy) Total Hours: _____

Please describe the setting in which the internship occurred including:

Placement site: _____

Site supervisor: _____

Site supervisor's license type and license number: _____

(This section continued on following page.)

Dates of internship: _____

Number of clock hours: _____

Services provided: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Other behavioral science courses (minimum of 17 semester or 25 ½ quarter hours of behavioral science electives. Six semester hours of project, thesis, and dissertation hours may be counted for this area.) Total Hours: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

Course Title: _____ Course No.: _____ University: _____

Year: _____ Credits (S/Q): _____ Credits Received: _____

PROFESSIONAL EMPLOYMENT EXPERIENCE:

Chronologically list your places of supervised professional employment experience totaling 4,000 hours. Please show month and year for each. (Use additional sheets if necessary.)

1. **Position:** _____

Organization: _____

Address: _____

Telephone: _____

Contact Person: _____

Dates of Employment: _____ / _____ to _____ / _____

Primary Responsibilities/Activities: _____

Number of hours providing clinical services per week: _____

2. **Position:** _____

Organization: _____

Address: _____

Telephone: _____

Contact Person: _____

Dates of Employment: _____ / _____ to _____ / _____

Primary Responsibilities/Activities: _____

Number of hours providing clinical services per week: _____

(Continued on the reverse.)

3. **Position:** _____

Organization: _____

Address: _____

Telephone: _____

Contact Person: _____

Dates of Employment: _____ / _____ to _____ / _____

Primary Responsibilities/Activities: _____

Number of hours providing clinical services per week: _____

4. Position: _____

Organization: _____

Address: _____

Telephone: _____

Contact Person: _____

Dates of Employment: _____ / _____ to _____ / _____

Primary Responsibilities/Activities: _____

Number of hours providing clinical services per week: _____

PROFESSIONAL COUNSELOR AND CPC INTERN QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
7. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
8. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
9. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
10. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?

(Questions continue on following page.)

11. _____ Have you been named as a defendant in a malpractice suit?
12. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
13. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
14. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
15. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
16. _____ Have you ever been terminated from a position because of drug use or abuse?
17. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
18. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
19. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
20. _____ Have you ever been **arrested for or charged with** a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
21. _____ Have you ever been **arrested for or charged with** a felony in any jurisdiction?
22. _____ Have you ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.

(Questions continue on following page.)

23. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
24. _____ Have you ever been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
25. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

If you answered “yes” to questions 20, 21, 22, 23, 24, or 25 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Fax: 801 530-6511

REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to the state that is verifying information for you. Request that the verifying state complete the form and return it to you for submission with your application. If a verifying state insists on submitting the verification directly to the Division, indicate that fact in the appropriate section of the application.

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the state of Utah as a _____

I am/have been licensed in your state under the name _____

My social security number is _____

My date of birth is _____

My license number in your state is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

(Continued on the reverse.)

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Classification of License Issued: _____

License Number: _____ Current Status: _____

Original Date of Licensure: _____ Expiration Date: _____

Continuously Licensed:

_____ Yes _____ No, please explain: _____

Licensed By:

_____ Exam, Type: _____ Date: _____

_____ Endorsement: from what state? _____

_____ Waiver: _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

_____ No _____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____ Title: _____

Agency: _____

Date: _____

(SEAL)

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Salt Lake City, Utah 84114-6741
Fax 801 530-6511

VERIFICATION OF SUPERVISED EXPERIENCE

TO BE COMPLETED BY EACH SUPERVISOR OF THE REQUIRED SUPERVISED EXPERIENCE HOURS:

Applicant Name: _____

Supervisor's Name: _____

Supervisor's License Issued: State: _____ Profession: _____ Year: _____

Facility Name where experience took place: _____

Facility Street Address: _____

City: _____ State: _____ Zip: _____

Inclusive Dates of Supervised Experience: From _____ / _____ to _____ / _____

Total Hours of Professional Counselor Experience (minimum 3,000 hours): _____

Total Hours of Experience in Face-to-Face Mental Health Therapy with Clients
(minimum 1,000 hours): _____

Total Hours of Face-to-Face Supervision (minimum 100 hours): _____

The hours worked and supervised are reported on the basis of:

_____ Supervisor's appointment calendars or records

_____ Supervisor's best recollection

Nature of Applicant's Duties: _____

(Continued on the reverse.)

I do hereby certify that the applicant for licensure as a professional counselor has:

(Check the appropriate line.)

_____ successfully completed the above hours of supervised professional counselor experience.

_____ has not successfully completed the above hours of supervised experience.

I further certify that the applicant:

_____ is qualified and competent to practice mental health therapy as a licensed professional counselor.

_____ is not qualified and competent to practice mental health therapy as a licensed professional counselor.

If applicant is not qualified, please explain the nature of the problem and recommendations for remediation. (Attach additional pages as needed.)

I certify that I am an approved licensed mental health therapist in good standing and I am a qualified supervisor in accordance with Statute and Rules, including having engaged in at least 4,000 hours of mental health therapy prior to beginning supervising activities. I further certify that I am professionally responsible for the acts and practices of the applicant that are a part of the required supervised experience.

Signature of Supervisor: _____

Date of Signature: _____